



**Gold Coast  
Health Plan**<sup>SM</sup>  
A Public Entity



**Community  
Supports**

Provider Certification Application

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# Community Supports (CS) Provider Certification Application

## Instructions

1. This Community Supports (CS) Provider Application reflects the requirements and expectations set forth by the state Department of Health Care Services (DHCS) and Gold Coast Health Plan (GCHP) to serve as a CS provider for GCHP members.
2. Please complete the CS Provider Application and submit to [calaimpr@goldchp.org](mailto:calaimpr@goldchp.org) with the subject line “CS Provider Application.”
3. If you have questions, please participate in the Technical Assistance Convenings that GCHP hosts or contact [calaimpr@goldchp.org](mailto:calaimpr@goldchp.org).
4. As you complete your application, please be aware that GCHP will conduct a readiness review process to ensure that you meet DHCS requirements and can provide the services in the manner set forth in DHCS policy and GCHP’s Process and Procedures (P&P). To that end:
  - a. Please carefully review the expectations for providing CS services as set forth in the guidance documents shared in Section 6 of these instructions and to be discussed in GCHP Technical Assistance Convenings.
  - b. Please review these expectations within your organization to ensure that you have a clear understanding of them and are prepared to deliver the services. There may be additional discussion and/or requirements for specific populations of focus as described in the CS Policy Guide referenced in Section 6 of these instructions.
  - c. Please provide details about how your organization will implement the CS services to meet the expectations of the program. Please be clear and concise in your submissions so that reviewers will understand how your organization provides CS services.
  - d. If you have any subcontractors providing any part of CS services on behalf of your organization, please submit a copy of the MOU / contract as part of your application.
  - e. If you are proposing that a subcontractor fulfill the CS provider requirements, please also complete Section 1K: Oversight & Monitoring.
5. GCHP will review all applications and respond to individual CS providers with request for additional information or clarification for areas of the application that do not satisfy the CS requirements.
6. For all narrative responses, please be clear and concise. Please limit your responses to 500 words or less for each section.
7. Do not include any protected health information (PHI) or personally identifiable information (PII).
8. Avoid acronyms when possible or define acronyms in list in a supporting document.
9. Use the standard naming convention across all files.
10. Please see the following reference materials for your information and assistance:
  - a. DHCS Reference Documents for Enhanced Care Management (ECM): [The EMC and CS Standard Provider Terms and Conditions](#) document provides details on provider expectations.

## Community Supports (CS) Provider Certification Application Instructions

CS Provider Certification Application Section	Page Number	What CS Prospective Providers Should Complete
<b>Provider Information Section</b>	5	All Applicants.
<b>1A-1K</b> General Provider Section	6-11	All Applicants.
<b>2A-D</b> Housing Transition Navigation Services	12-14	Only applicants capable of providing this service.
<b>3A-D</b> Housing Deposits	15-17	Only applicants capable of providing this service.
<b>4A-D</b> Housing Tenancy and Sustaining Services	18-20	Only applicants capable of providing this service.
<b>5A-D</b> Short-term Post-Hospitalization Housing	21-23	Only applicants capable of providing this service.
<b>6A-D</b> Recuperative Care (Medical Respite)	24-26	Only applicants capable of providing this service.
<b>7A-D</b> Respite Services (for Caregivers)	27-28	Only applicants capable of providing this service.
<b>8A-D</b> Personal Care and Homemaker Services	29-31	Only applicants capable of providing this service.
<b>9A-D</b> Environmental Accessibility Adaptations (Home Modifications)	32-33	Only applicants capable of providing this service.
<b>10A-D</b> Meals / Medically Tailored Meals / Medically Supportive Foods	34-36	Only applicants capable of providing this service.
<b>11A-D</b> Sobering Centers	37-39	Only applicants capable of providing this service.
<b>12A-D</b> Asthma Remediation	40-42	Only applicants capable of providing this service.
<b>13A-D</b> Nursing Facility Transition / Diversion	43-45	Only applicants capable of providing this service.
<b>14A-D</b> Community Transition Services / Nursing Facility Transition to Home	46-48	Only applicants capable of providing this service.

## Provider Information Section: All prospective CS providers must fill out this section

This CS Provider Certification Application is intended to ensure the CS provider provides **satisfactory evidence** of meeting the CS requirements as outlined by DHCS and GCHP to be certified as a CS provider.

**Please complete the CS Provider Certification Application and submit to [calaimpr@goldchp.org](mailto:calaimpr@goldchp.org) with the subject line “CS\_Provider: Organization\_Name\_Certification\_Date”** within three weeks of receipt. If you have any questions or concerns as you are completing the application, please contact [calaimpr@goldchp.org](mailto:calaimpr@goldchp.org).

<b>CS Provider Organization:</b>	
<b>CS Provider Organization Type:</b>	
<b>Tax Identification Number (TIN):</b>	
<b>National Provider Identifier (NPI)</b> (If applicable) (i.e. Submit Type 2 NPI if applicable. If you have a pending NPI application indicate here): <b>Note: Not all providers will have an NPI</b>	
<b>Completed By:</b>	
<b>Date:</b>	
<b>Title:</b>	
<b>Phone Number:</b>	
<b>Email Address:</b>	

## General Provider Section: All Prospective CS providers must fill out sections 1A-1K

Section	Requirements	Questions for Prospective Providers
<b>Required Area 1A</b>	<b>General Provider Information</b> <ol style="list-style-type: none"> <li>General organization information:               <ol style="list-style-type: none"> <li>Organization type.</li> <li>Business license(s).</li> <li>Do you currently have a Managed Care Plan (MCP) contract? If so, for what service(s) and with which MCP(s)?</li> </ol> </li> <li>Services offered.</li> <li>Geographic locations served.</li> <li>Hours of operations.</li> <li>History of fraud, waste, and/or abuse; criminal activity; or liability claims.</li> </ol>	<ol style="list-style-type: none"> <li>Provide information regarding your organization for all categories to the left (1-5). <b>Applicant Response:</b></li> </ol>
<b>Required Area 1B</b>	<b>Experience Serving Medi-Cal Beneficiaries</b> Provider is interested in offering CS to full-scope (not Fee-For-Service) Medi-Cal managed care population.	<ol style="list-style-type: none"> <li>Are you interested in offering CS to full-scope (not Fee-For-Service) Medi-Cal managed care population?  <input type="checkbox"/> Yes or <input type="checkbox"/> No         </li> <li>Describe your experience serving Medi-Cal beneficiaries and/or other vulnerable populations. Include the estimated percentage of your clients who are Medi-Cal beneficiaries.  <b>(Note: Medi-Cal experience is not required to be considered for CS contracting)</b>  <b>Applicant Response:</b> </li> </ol>

Section	Requirements	Questions for Prospective Providers
<b>Required Area 1C</b>	<b>Provision of CS Services</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Housing Transition Navigation Services</li> <li><input type="checkbox"/> Housing Deposits</li> <li><input type="checkbox"/> Housing Tenancy and Sustaining</li> <li><input type="checkbox"/> Short-term Post-hospitalization Housing</li> <li><input type="checkbox"/> Recuperative Care (Medical Respite)</li> <li><input type="checkbox"/> Meals / Medically-tailored Meals</li> <li><input type="checkbox"/> Respite Services (Launch TBD)</li> <li><input type="checkbox"/> Day Habilitation Programs (Launch TBD)</li> <li><input type="checkbox"/> Nursing Facility Transition / Diversion (Launch TBD)</li> <li><input type="checkbox"/> Community Transition Services / Nursing Facility Transition to Home (Launch TBD)</li> <li><input type="checkbox"/> Personal Care and Homemaker Services (Launch TBD)</li> <li><input type="checkbox"/> Environmental Accessibility Adaptations (Home Modifications; Launch TBD)</li> <li><input type="checkbox"/> Sobering Centers (Launch TBD)</li> <li><input type="checkbox"/> Asthma Remediation (Launch TBD)</li> </ul>	1. Check off each CS your organization <b>is interested in and ready to provide</b> . Fill out the corresponding section(s) (i.e., Section 2-12) below with additional documentation or attachments as requested on how your organization plans to provide each CS service.
<b>Required Area 1D</b>	<b>Outreach and Engagement</b> CS provider is responsible for conducting outreach and engagement to assigned members.  <b>CS Provider must be able to complete the following:</b> <ol style="list-style-type: none"> <li>1. Accept member referrals from GCHP for authorized CS service, up to CS provider's pre-determined capacity.</li> <li>2. Conduct outreach to the referred member for authorized CS service as soon as possible, including by conducting initial outreach within 24 hours of assignment.</li> <li>3. Be responsive to incoming calls or other outreach from members, including by maintaining a phone line that is staffed or able to record voicemail 24 hours a day, seven days a week.</li> </ol>	<b>For each CS service you are interested in providing:</b> <ol style="list-style-type: none"> <li>1. Describe your current outreach and engagement strategies and how you plan to meet GCHP's outreach and engagement requirements.</li> <li>2. Describe your referral intake process and how you communicate with GCHP and referred members to ensure timely outreach and engagement.</li> </ol> <b>Applicant Response (remember to include information for each CS service you are interested in providing):</b>

Section	Requirements	Questions for Prospective Providers
<b>Required Area 1E</b>	<p><b>Enrollment and Member Consent</b> CS provider will be responsible for obtaining and documenting member's voluntary enrollment to participate in CS.</p> <p><b>CS provider must be able to complete the following:</b></p> <ol style="list-style-type: none"> <li>1. CS provider shall obtain and document that each assigned member agrees to the receipt of CS.</li> <li>2. Where required by federal law, CS provider shall ensure that members authorize information sharing with GCHP and all others involved in the member's care as needed to support the member and maximize the benefits of CS.</li> <li>3. CS provider shall obtain and document member authorization to communicate electronically with the member and/or family member(s), legal guardian, caretaker, and/or authorized support person(s), if it intends to do so.</li> </ol>	<p><b>For each CS service you are interested in providing:</b></p> <ol style="list-style-type: none"> <li>1. Describe your current member enrollment or member agreement process for program participation and how your organization documents, stores, and shares this information with GCHP. If you do not currently have a process, describe how you plan to meet this requirement.</li> <li>2. Describe how you will obtain and document member authorization related to data sharing and communication.</li> </ol> <p><b>Applicant Response (remember to include information for each CS service you are interested in providing):</b></p>
<b>Required Area 1F</b>	<p><b>Care Coordination</b> CS provider is responsible for coordinating member's care with other providers including Enhanced Care Management (ECM) provider, Primary Care Physician (PCP), other CS providers, GCHP, and others as appropriate.</p> <p><b>CS provider must be able to complete the following:</b></p> <ol style="list-style-type: none"> <li>1. Coordinate with other providers in the member's care team, including ECM provider as applicable, and GCHP;</li> <li>2. Assess whether a member not engaged in ECM qualifies for ECM and, if so, submit a referral for ECM for the member.</li> <li>3. If an CS is discontinued for any reason, CS provider shall support transition planning for the member into other programs or services that meet their needs.</li> </ol>	<p><b>For each CS service you are interested in providing:</b></p> <ol style="list-style-type: none"> <li>1. Describe how you currently coordinate care with other providers in the member's care team.</li> <li>2. Describe how you communicate and share information with other providers and close the loop on any transition planning and/or care coordination the member may need.</li> <li>3. If you do not have a current process for care coordination, please describe how you plan to meet this requirement and what assistance you may need from GCHP.</li> <li>4. Describe the existing process for discharging clients from your program(s) and transitioning them to other appropriate services?</li> </ol> <p><b>Applicant Response (remember to include information for each CS service you are interested in providing):</b></p>



Section	Requirements	Questions for Prospective Providers
<b>Required Area 1G</b>	<b>Referral to Community and Support Services</b> CS provider is encouraged to identify additional CS services the member may benefit from and send any additional request(s) for CS services to GCHP for authorization.	<b>For each CS service you are interested in providing:</b> <ol style="list-style-type: none"> <li>1. Describe how you currently identify or assess member community and support services needs.</li> <li>2. Describe how you assist the member in connecting to new resources in the community. How do you follow up with the member to ensure services were rendered (i.e., closed loop referrals)? If applicable, do you utilize any resource platforms for sharing community resources or tracking referrals?</li> <li>3. If you do not have a process currently in place, describe how you plan to meet this requirement and what assistance you may need from GCHP?</li> </ol> <b>Applicant Response (remember to include information for each CS service you are interested in providing):</b>
<b>Required Area 1H</b>	<b>Cultural and Linguistically Appropriate and Non-Discrimination Services</b>  <b>CS provider must be able to complete the following:</b> <ol style="list-style-type: none"> <li>1. CS provider must comply with cultural competency and linguistic, and Alternative Format Selections (AFS) requirements set forth by GCHP's annual training requirement.</li> <li>2. Comply with non-discrimination requirements set forth in state and federal law and the contract with GCHP.</li> <li>3. The CS provider must demonstrate a history of serving Medi-Cal members in an equitable, non-discriminatory community-based manner.</li> </ol>	<ol style="list-style-type: none"> <li>1. Describe how your organization provides culturally and linguistically appropriate services. Indicate any relevant staff trainings, or services that you offer to meet this requirement.</li> <li>2. Describe how you provide access to translation or interpreter services, including TTY for hard of hearing, or braille or large print for the visually impaired to assist members participating in your services / programs. This may include use of GCHP resources.</li> <li>3. Indicate which languages your services are offered in to meet your member's needs.</li> <li>4. Describe how your organization provides services in an equitable, non-discriminatory, manner.</li> </ol> <b>Applicant Response:</b>

Section	Requirements	Questions for Prospective Providers
<b>Required Area 1I</b>	<p><b>Claims and Invoice Submission / Payment</b></p> <p>CS provider shall record, generate, and send a claim to GCHP for CS services rendered in the standard format (837 file) OR shall send an invoice to GCHP in the DHCS-specified excel format. CS provider must have CS services authorization to receive payment for the provision of services. CS provider must have a mechanism in place to accept payment from GCHP for services authorized and rendered.</p>	<ol style="list-style-type: none"> <li>1. Describe your current process for recording, generating, and submitting claims or invoices for payment of services rendered. Indicate any relevant electronic systems or platforms you currently use.</li> <li>2. If you do not have a current process, indicate how you plan to submit claims or invoices for the CS service(s) you are interested in providing. What assistance do you need from GCHPs to develop this process?</li> </ol> <p><b>Applicant Response:</b></p>
<b>Required Area 1J</b>	<p><b>Data Sharing to Support CS</b></p> <ol style="list-style-type: none"> <li>1. File data exchange <ol style="list-style-type: none"> <li>a. Potentially qualified members</li> <li>b. Assigned members' PHI</li> <li>c. Program status response</li> </ol> </li> <li>4. Reporting <ol style="list-style-type: none"> <li>a. Member outreach and engagement</li> <li>b. DHCS required supplemental report(s)</li> </ol> </li> <li>3. Privacy and Security requirements <ol style="list-style-type: none"> <li>a. HIPAA</li> <li>b. 42 CFR Part 2</li> </ol> </li> </ol>	<ol style="list-style-type: none"> <li>1. Describe your organization's ability to transfer data and reports with GCHP via SFTP site or other secure data exchange mechanism to support service delivery.</li> <li>2. Describe what data exchange platforms your organization currently uses.</li> <li>3. Describe how you currently meet HIPAA and, if applicable, 42 CFR Part 2 Privacy and Security requirements to provide services and prevent data breaches.</li> <li>4. Describe whether and, if so, how you contribute required information to supplemental reports required by DHCS (e.g., quarterly CS Implementation Monitoring Report).</li> <li>5. If you do not have a current process, describe how you plan to meet this requirement and what assistance you may need from GCHP.</li> </ol> <p><b>Applicant Response:</b></p>

Section	Requirements	Questions for Prospective Providers
<b>Required Area 1K</b>	<b>Monitoring and Oversight</b> CS provider cooperate with GCHP oversight and monitoring activities to ensure meeting CS services requirements. CS provider must comply with GCHP monitoring activities including required reporting, audits, and corrective action, among other oversight activities.	<ol style="list-style-type: none"><li data-bbox="1138 190 1976 256">1. Describe your experience being monitored and overseen by another entity with whom you've contracted to provide a CS service(s).</li><li data-bbox="1138 261 1976 328">2. Describe internal audits you perform and external audits in which you've participated.</li></ol> <b>Applicant Response:</b>

## CS-Specific Sections 2-12: Prospective CS Providers must fill out the CS-Specific sections that apply to the CS services your organization can offer.

### Housing Transition Navigation Services

Section	Requirements	Questions for Prospective Providers
<b>2A</b>	<p><b>CS Description</b> Providers must assist GCHP members with obtaining housing and have the ability to provide all of the 15 services listed below.</p> <p><b>Please indicate which of the following services you currently provide (check all that apply):</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 1. Conducting a tenant screening and housing assessment that identifies the participant's preferences and barriers related to successful tenancy. The assessment may include collecting information on the participant's housing needs, potential housing transition barriers, and identification of housing retention barriers.</li> <li><input type="checkbox"/> 2. Developing an individualized housing support plan based upon the housing assessment that addresses identified barriers, includes short- and long-term measurable goals for each issue, establishes the participant's approach to meeting the goal, and identifies when other providers or services, both reimbursed and not reimbursed by Medi-Cal, may be required to meet the goal.</li> <li><input type="checkbox"/> 3. Searching for housing and presenting options.</li> <li><input type="checkbox"/> 4. Assisting in securing housing, including the completion of housing applications and securing required documentation (e.g., Social Security card, birth certificate, prior rental history).</li> <li><input type="checkbox"/> 5. Assisting with benefits advocacy, including assistance with obtaining identification and documentation for Supplemental Security Income (SSI) eligibility and supporting the SSI application process. Such service can be subcontracted out to retain needed specialized skillset.</li> <li><input type="checkbox"/> 6. Identifying and securing available resources to assist with subsidizing rent (such as Section 8, state and local assistance programs, etc.) and matching available rental subsidy resources to members.</li> </ul>	<ol style="list-style-type: none"> <li>1. Briefly describe how your organization provides these services. What is your current and anticipated future capacity for CS services or programs you offer? Indicate whether you would be able to serve all assigned members, including those not currently connected to your organization.</li> <li>2. Describe your experience in engaging members with complex health, disability and/or behavioral health conditions.</li> <li>3. Describe any activities that you currently subcontract or refer to another provider. Provide specifics on how you work with any subcontractors to supplement in-house services.</li> <li>4. If there are any required activities for this CS service that you do not currently provide, how do you plan to increase capacity to provide them?</li> <li>5. Would you need assistance from GCHP, and if so, with which specific service(s) / activities?</li> <li>6. Describe any street based outreach strategies that you currently use or plan to use for this CS service.</li> </ol> <p><b>Applicant Response:</b></p>

Section	Requirements	Questions for Prospective Providers
	<ul style="list-style-type: none"> <li><input type="checkbox"/> 7. If included in the housing support plan, identifying and securing resources to cover expenses, such as security deposit, moving costs, adaptive aids, environmental modifications, moving costs, and other one-time expenses. (Note: Actual payment of these housing deposits and move-in expenses is a separate CS service under Housing Deposits.)</li> <li><input type="checkbox"/> 8. Assisting with requests for reasonable accommodation, if necessary.</li> <li><input type="checkbox"/> 9. Landlord education and engagement.</li> <li><input type="checkbox"/> 10. Ensuring that the living environment is safe and ready for move-in.</li> <li><input type="checkbox"/> 11. Communicating and advocating on behalf of the client with landlords.</li> <li><input type="checkbox"/> 12. Assisting in arranging for and supporting the details of the move.</li> <li><input type="checkbox"/> 13. Establishing procedures and contacts to retain housing, including developing a housing support crisis plan that includes prevention and early intervention services when housing is jeopardized. (Note: The services associated with the crisis plan are a CS service under Housing Tenancy and Sustaining Services.)</li> <li><input type="checkbox"/> 14. Identifying, coordinating, securing, or funding non-emergency, non-medical transportation to assist members' mobility to ensure reasonable accommodations and access to housing options prior to transition and on move in day.</li> <li><input type="checkbox"/> 15. Identifying, coordinating, environmental modifications to install necessary accommodations for accessibility.</li> </ul>	
<b>2B</b>	<p><b>Provider Capabilities and Best Practices</b></p> <ul style="list-style-type: none"> <li>• Experience serving people experiencing homelessness.</li> <li>• <b>Admission, Intake, Assessment:</b> Experience with conducting a housing needs assessment.</li> <li>• <b>Benefits Advocacy:</b> Experience with benefits advocacy for members, patients, and clients, such as completing SSI eligibility and supporting application / appeals process.</li> <li>• <b>Case Management / Health Navigation:</b> Experience providing care coordination to clients including making appointments, transportation, and appropriate programming to increase independence and life skills.</li> <li>• <b>Housing Service Planning &amp; Navigation:</b> Experience with developing a housing support plan for members, patients, and clients.</li> <li>• Experience with housing search and completion of housing support plan for members, patients, and clients.</li> </ul>	<ol style="list-style-type: none"> <li>1. How long has your organization been providing this service?</li> <li>2. Does your organization have an HMIS read/write account?</li> <li>3. Does your organization use trauma-informed care, and/or harm reduction practices? How do you train staff and implement these practices?</li> <li>4. Does your organization offer any supportive services to assist with mitigating potential housing search barriers (e.g., transportation, childcare)? If so, which ones?</li> <li>5. If available, what is your housing placement rate for clients / patients?</li> </ol> <p><b>Applicant Response:</b></p>

Section	Requirements	Questions for Prospective Providers
	<ul style="list-style-type: none"> <li>• Experience with resolving tenancy issues for members, patients, and clients.</li> <li>• Experience providing accompaniment to appointments.</li> <li>• Have access to Coordinated Entry System (CES) and linkage to local Continuum of Care (CoC).</li> </ul>	
<b>2C</b>	<b>Eligibility Criteria</b>	<ol style="list-style-type: none"> <li>1. What types of individuals do you currently provide services to?</li> <li>2. Do you have any specific focus areas or restrictions on eligibility criteria for this service at your organization?</li> </ol> <p><b>Applicant Response:</b> N/A</p>
<b>2D</b>	<b>Provider Staffing and Capacity</b>	<ol style="list-style-type: none"> <li>1. Describe current staffing structure to deliver this CS service.</li> <li>2. Describe what type of support or capacity-building assistance may be needed from GCHP to launch or expand this service.</li> <li>3. Do you currently include peers and/or individuals with lived experience of homelessness in your service delivery model? If so, please describe their role in your service delivery.</li> </ol> <p><b>Applicant Response:</b></p>

## Housing Deposits

Section	Requirements	Questions for Prospective Providers
<b>3A</b>	<p><b>CS Description</b></p> <p>Providers must assist with identifying, coordinating, securing, or funding one-time services and modifications necessary to enable a GCHP member to establish a basic household that does not constitute room and board.</p> <p>Providers must have the ability to provide all six of the services for Housing Deposits.</p> <p><b>Please indicate which of the following services you currently provide (check all that apply):</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 1. Security deposits required to obtain a lease on an apartment or home.</li> <li><input type="checkbox"/> 2. Set-up fees / deposits for utilities or service access and utility arrearages.</li> <li><input type="checkbox"/> 3. First month coverage of utilities, including but not limited to, telephone, gas, electricity, heating, and water.</li> <li><input type="checkbox"/> 4. First month's and last month's rent as required by landlord for occupancy.</li> <li><input type="checkbox"/> 5. Services necessary for the individual's health and safety, such as pest eradication and one-time cleaning prior to occupancy.</li> <li><input type="checkbox"/> 6. Goods, such as an air conditioner or heater, and other medically-necessary adaptive aids and services, designed to preserve an individuals' health and safety in the home such as hospital beds, Hoyer lifts, air filters, specialized cleaning or pest control supplies etc., that are necessary to ensure access and safety for the individual upon move-in to the home.</li> </ul>	<ol style="list-style-type: none"> <li>1. Briefly describe how your organization provides these services – e.g., how you assist with security deposits required to obtain a lease on an apartment or home; first-month coverage for utilities or service access and utility arrangements; and first and last month's rent as required by landlord for occupancy. What is your current and anticipated future capacity for CS services or programs you offer? Indicate whether you would be able to serve all assigned members, including those not currently connected to your organization.</li> <li>2. Describe any activities that you currently subcontract or refer to another provider. Provide specifics on how you work with any subcontractors to supplement in-house services.</li> <li>3. If there are any required activities for this CS service that you do not currently provide, how would you plan to increase capacity to provide them?</li> <li>4. Would you need assistance from GCHP, and if so, with which specific service(s) / activities?</li> </ol> <p><b>Applicant Response:</b></p>

Section	Requirements	Questions for Prospective Providers
<b>3B</b>	<b>Provider Capabilities and Best Practices</b>	<ol style="list-style-type: none"> <li>1. How long has your organization been providing this service?</li> <li>2. Describe your capabilities to serve the following: <ul style="list-style-type: none"> <li>• Individuals linked to permanent housing.</li> <li>• Individuals lacking funds to pay for initial housing costs.</li> <li>• Individuals who have the financial resources to cover the cost of month-to-month housing costs.</li> </ul> </li> <li>3. Approximately how long does it take for your organization to provide housing deposits, once approved for the individual member? Indicate how often funds are dispersed, turnaround times, and ability to disperse funds by end of business day if necessary.</li> <li>4. Do you have any bundled contracting or other vendor arrangements to provide furniture and household necessities in a timely and cost-effective way?</li> </ol> <p><b>Applicant Response:</b></p>
<b>3C</b>	<b>Eligibility Criteria</b>	<ol style="list-style-type: none"> <li>1. What types of individuals do you currently provide services to?</li> <li>2. Do you have any specific focus areas or restrictions on eligibility criteria for this service at your organization?</li> </ol> <p><b>Applicant Response:</b></p>



Section	Requirements	Questions for Prospective Providers
<b>3D</b>	<b>Provider Staffing and Capacity</b>	<ol style="list-style-type: none"><li>1. Describe current staffing structure to deliver this CS.</li><li>2. Describe what type of support or capacity-building assistance may be needed from GCHP to launch or expand this service.</li></ol> <p><b>Applicant Response:</b></p>

## Housing Tenancy and Sustaining Services

Section	Requirements	Questions for Prospective Providers
<b>4A</b>	<p><b>CS Description</b></p> <p>Providers must offer tenancy and sustaining services, with a goal of maintaining safe and stable tenancy once housing is secured. Providers must have the ability to provide all 13 of the services listed below.</p> <p><b>Please indicate which of the following services you currently provide (check all that apply):</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 1. Providing early identification and intervention for behaviors that may jeopardize housing, such as late rental payment, hoarding, substance use, and other lease violations.</li> <li><input type="checkbox"/> 2. Education and training on the role, rights and responsibilities of the tenant and landlord.</li> <li><input type="checkbox"/> 3. Coaching on developing and maintaining key relationships with landlords / property managers with a goal of fostering successful tenancy.</li> <li><input type="checkbox"/> 4. Coordination with the landlord and case management provider to address identified issues that could impact housing stability.</li> <li><input type="checkbox"/> 5. Assistance in resolving disputes with landlords and/or neighbors to reduce risk of eviction or other adverse action including developing a repayment plan or identifying funding in situations in which the client owes back rent or payment for damage to the unit.</li> <li><input type="checkbox"/> 6. Advocacy and linkage with community resources to prevent eviction when housing is or may potentially become jeopardized.</li> <li><input type="checkbox"/> 7. Assisting with benefits advocacy, including assistance with obtaining identification and documentation for Supplemental Security Income (SSI) eligibility and supporting the SSI application process. Such service can be subcontracted out to retain needed specialized skillset.</li> <li><input type="checkbox"/> 8. Assistance with the annual housing recertification process.</li> <li><input type="checkbox"/> 9. Coordinating with the tenant to review, update and modify their housing support and crisis plan on a regular basis to reflect current needs and address existing or recurring housing retention barriers.</li> <li><input type="checkbox"/> 10. Continuing assistance with lease compliance, including ongoing support with activities related to household management.</li> <li><input type="checkbox"/> 11. Health and safety visits, including unit habitability inspections.</li> </ul>	<ol style="list-style-type: none"> <li>1. Briefly describe how your organization provides these services. What is your current and anticipated future capacity for CS services or programs you offer? Indicate whether you would be able to serve all assigned members, including those not currently connected to your organization.</li> <li>2. Briefly describe how you provide early identification and intervention for behaviors that may jeopardize housing, such as late rental payment, hoarding, substance use, and other lease violations.</li> <li>3. Briefly describe your process to assist in resolving disputes with landlords and/or neighbors to reduce risk of eviction or other adverse action including developing a repayment plan or identifying funding in situations in which the Member owes back rent or payment for damage to the unit.</li> <li>4. Briefly describe your process to conduct health and safety visits, including unit habitability inspections. What screening tools and/or checklists do you utilize?</li> <li>5. Describe any activities that you currently subcontract or refer to another provider. Provide specifics on how you work with any subcontractors to supplement in-house services.</li> <li>6. If there are any required activities for this CS service that you do not currently provide, how would you plan to increase capacity to provide them?</li> <li>7. Would you need assistance from GCHP, and if so, with which specific service(s) / activities?</li> </ol> <p><b>Applicant Response:</b></p>

Section	Requirements	Questions for Prospective Providers
	<input type="checkbox"/> 11. Health and safety visits, including unit habitability inspections. <input type="checkbox"/> 12. Other prevention and early intervention services identified in the crisis plan that are activated when housing is jeopardized (e.g., assisting with reasonable accommodation requests that were not initially required upon move-in). <input type="checkbox"/> 13. Providing independent living and life skills including assistance with and training on budgeting, including financial literacy and connection to community resources.	
4B	<p><b>Provider Capabilities and Best Practices</b>            Experience serving people experiencing homelessness.</p> <p><b>Housing Service Planning &amp; Navigation:</b></p> <ol style="list-style-type: none"> <li>1. Experience with developing a housing support plan for members, patients, and clients.</li> <li>2. Experience with housing search and completion of housing support plan for members, patients, and clients.</li> <li>3. Experience with resolving tenancy issues for members, patients, and clients, including troubleshooting issues with neighbors.</li> </ol>	<ol style="list-style-type: none"> <li>1. How long has your organization been providing this service?</li> <li>2. Does your organization participate in the Coordinated Entry System (CES)? If so, how?</li> <li>3. Does your organization have an HMIS read / write account?</li> <li>4. Does your organization use trauma-informed care, and/or harm reduction practices? How do you train staff and implement these practices?</li> <li>5. If available, what is your housing retention rate for clients / patients?</li> <li>6. For how long do you typically provide these services, after housing?</li> <li>7. Does your organization have the ability to write third party checks to assist with member's housing issues like cleaning, etc.?</li> </ol> <p><b>Applicant Response:</b></p>

Section	Requirements	Questions for Prospective Providers
<b>4C</b>	<b>Eligibility Criteria</b>	<ol style="list-style-type: none"> <li>1. What types of individuals do you currently provide services to?</li> <li>2. Do you have any specific focus areas or restrictions on eligibility criteria for this service at your organization?</li> </ol> <p><b>Applicant Response:</b></p>
<b>4D</b>	<b>Provider Staffing and Capacity</b>	<ol style="list-style-type: none"> <li>1. Describe current staffing structure to deliver this CS service.</li> <li>2. Describe what type of support or capacity-building assistance may be needed from GCHP to launch or expand this service.</li> <li>3. Do you currently include peers and/or individuals with lived experience of homelessness in your service delivery model? If so, please describe their role in your service delivery.</li> </ol> <p><b>Applicant Response:</b></p>

## Short-Term Post-Hospitalization Housing

Section	Requirements	Questions for Prospective Providers
<b>5A</b>	<p><b>CS Description</b></p> <p>Providers must provide GCHP members who do not have a residence and who have high medical or behavioral health needs with the opportunity to continue their medical / psychiatric / substance use disorder recovery immediately after exiting an inpatient hospital (either acute, psychiatric or Chemical Dependency and Recovery hospital), residential substance use disorder treatment or recovery facility, residential mental health treatment facility, correctional facility, nursing facility, or recuperative care.</p> <p>Providers must have the ability to provide all three of the services listed below.</p> <p><b>Please indicate which of the following services you currently provide (check all that apply):</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 1. Ongoing supports necessary for recuperation and recovery such as gaining (or regaining) the ability to perform activities of daily living, receiving necessary medical / psychiatric / substance use disorder care, case management and beginning to access other housing supports such as Housing Transition Navigation Services.</li> <li><input type="checkbox"/> 2. Conduct a housing assessment.</li> <li><input type="checkbox"/> 3. Develop individualized housing support plan to identify preferences and barriers related to successful housing tenancy after short-term post-hospitalization housing.</li> </ul>	<ol style="list-style-type: none"> <li>1. Briefly describe how your organization provides these services to individuals who have high medical or behavioral health needs. What is your current and anticipated future capacity for CS services or programs you offer? Indicate whether you would be able to serve all assigned members, including those not currently connected to your organization.</li> <li>2. Describe your experience with conducting an individualized assessment of needs that identifies the member's preferences and barriers faced. What screening tool do you utilize? How do you document the findings in the individualized housing support plan? What system do you use for this documentation?</li> <li>3. Describe any activities that you currently subcontract or refer to another provider. Provide specifics on how you work with any subcontractors to supplement in-house services.</li> <li>4. If there are any required activities for this CS service that you do not currently provide, how would you plan to increase capacity to provide them?</li> <li>5. Would you need assistance from GCHP, and if so, with which specific service(s) / activities?</li> </ol> <p><b>Applicant Response:</b></p>

Section	Requirements	Questions for Prospective Providers
<b>5B</b>	<b>Provider Capabilities and Best Practices</b> <ul style="list-style-type: none"> <li>• Experience serving people experiencing homelessness.</li> <li>• <b>Benefits Advocacy:</b> Experience with benefits advocacy for members, patients, and clients, such as completing SSI eligibility and supporting application / appeals process.</li> <li>• <b>Housing Service Planning and Navigation:</b> Experience with developing a housing support plan for members, patients, and clients.</li> <li>• Experience with housing search and completion of housing support plan for members, patients, and clients.</li> </ul>	<b>Examples of specific best practices include:</b> <ul style="list-style-type: none"> <li>• Wheelchair access / ADA supports.</li> <li>• Informal connections to permanent supportive housing providers.</li> <li>• Co-located health and/or behavioral health services.</li> </ul> <ol style="list-style-type: none"> <li>1. How long has your organization been providing this service?</li> <li>2. Describe your capabilities and experience serving the following: <ul style="list-style-type: none"> <li>• Individuals experiencing homelessness.</li> <li>• Individuals discharging from an inpatient setting.</li> <li>• Individuals at risk of readmission due to medical or behavioral health needs.</li> <li>• Individuals with mental health and/or substance use disorders.</li> </ul> </li> <li>3. Do your providers participate in the Bridge to MAT program?</li> <li>4. Does your organization participate in the Coordinated Entry System (CES)? If so, how?</li> <li>5. Does your organization have an HMIS read/write account?</li> <li>6. Does your organization use trauma-informed care, and/or harm reduction practices? How do you train staff and implement these practices?</li> <li>7. What is your permanent housing placement rate from short-term post-hospitalization housing, if available?</li> <li>8. What are your “house rules”? What would result in a member being asked to leave the facility?</li> <li>9. Have any of your policies and protocols changed to be responsive to the COVID-19 Public Health Emergency?</li> <li>10. What, if any, onsite social and recreational activities or workshops do you offer onsite to support rehabilitation?</li> </ol>
<b>5C</b>	<b>Eligibility Criteria</b>	<ol style="list-style-type: none"> <li>1. What types of individuals do you currently provide services to?</li> <li>2. Do you have any specific focus areas or restrictions on eligibility criteria for this service at your organization?</li> </ol> <b>Applicant Response:</b> N/A

Section	Requirements	Questions for Prospective Providers
<b>5D</b>	<b>Provider Staffing and Capacity</b>	<ol style="list-style-type: none"><li data-bbox="1138 190 1745 220">1. Describe current staffing structure to deliver this CS.</li><li data-bbox="1138 228 2007 293">2. Describe what type of support or capacity-building assistance may be needed from GCHP to launch or expand this service.</li></ol> <p data-bbox="1138 302 1396 332"><b>Applicant Response:</b></p>

## Recuperative Care (Medical Respite)

Section	Requirements	Questions for Prospective Providers
<b>6A</b>	<p><b>CS Description</b></p> <p>Providers must provide short-term residential care for individuals who no longer require hospitalization, but still need to heal from an injury or illness (including behavioral health conditions) and whose condition would be exacerbated by an unstable living environment. Providers must have the ability to provide all six of the services listed below.</p> <p><b>Please indicate which of the following services you currently provide (check all that apply):</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 1. Interim housing with a bed and meals and ongoing monitoring of the individual's ongoing medical or behavioral health condition (e.g., monitoring of vital signs, assessments, wound care, medication monitoring).</li> <li><input type="checkbox"/> 2. Limited or short-term assistance with Instrumental Activities of Daily Living and/or ADLs.</li> <li><input type="checkbox"/> 3. Coordination of transportation to post-discharge appointments.</li> <li><input type="checkbox"/> 4. Connection to any other on-going services an individual may require including mental health and substance use disorder services.</li> <li><input type="checkbox"/> 5. Support in accessing benefits and housing.</li> <li><input type="checkbox"/> 6. Gaining stability with case management relationships and programs.</li> </ul>	<ol style="list-style-type: none"> <li>1. Briefly describe how your organization provides these services to individuals with complex health, disability and/or behavioral health conditions. What is your current and anticipated future capacity for CS services or programs you offer? How many beds are available in your recuperative care facility? Indicate whether you would be able to serve all assigned members, including those not currently connected to your organization.</li> <li>2. Describe any activities that you currently subcontract or refer to another provider. Provide specifics on how you work with any subcontractors to supplement in-house services.</li> <li>3. If there are any required activities for this CS service that you do not currently provide, how would you plan to increase capacity to provide them?</li> <li>4. Would you need assistance from GCHP, and if so, with which specific service(s) / activities?</li> </ol> <p><b>Applicant Response:</b></p>



Section	Requirements	Questions for Prospective Providers
<b>6B</b>	<p><b>Provider Capabilities and Best Practices</b></p> <p>Experience providing care coordination and linkage to behavioral health and medical appointments to clients including making appointments, transportation, and appropriate programming to increase independence and life skills to prepare for discharge from recuperative care facility and transition into next housing placement.</p>	<p><b>Examples of specific best practices include:</b></p> <ul style="list-style-type: none"> <li>• Wheelchair access / ADA supports.</li> <li>• Informal connections to interim or permanent supportive housing providers.</li> <li>• Linkage to hospice care and/or palliative care.</li> <li>• Co-located health and/or behavioral health services.</li> </ul> <ol style="list-style-type: none"> <li>1. How long has your organization been providing this service?</li> <li>2. Does your organization participate in the Coordinated Entry System (CES)? If so, how?</li> <li>3. Does your organization have an HMIS read / write account?</li> <li>4. Does your organization use trauma-informed care, and/or harm reduction practices? How do you train staff and implement these practices?</li> <li>5. What is your housing placement rate from recuperative care?</li> <li>6. What are your “house rules”? What would result in a member being asked to leave the facility?</li> <li>7. Have any of your policies and protocols changed to be responsive to the current Public Health Emergency?</li> <li>8. What, if any, onsite social and recreational activities, or workshops do you offer onsite to support rehabilitation?</li> </ol> <p><b>Applicant Response:</b></p>

Section	Requirements	Questions for Prospective Providers
<b>6C</b>	<b>Eligibility Criteria</b>	<ol style="list-style-type: none"> <li>1. What types of individuals do you currently provide services to?</li> <li>2. Do you have any specific focus areas or restrictions on eligibility criteria for this service at your organization?</li> </ol> <p><b>Applicant Response:</b></p>
<b>6D</b>	<b>Provider Staffing and Capacity</b>	<ol style="list-style-type: none"> <li>1. Describe current staffing structure to deliver this CS service.</li> <li>2. Describe what type of support or capacity-building assistance may be needed from GCHP to launch or expand this service.</li> </ol> <p><b>Applicant Response:</b></p>

## Respite Services (for Caregivers)

Section	Requirements	Questions for Prospective Providers
<b>7A</b>	<p><b>CS Description</b></p> <p>Providers must provide respite services to caregivers of GCHP members who require intermittent temporary supervision. The services are provided on a short-term basis because of the absence or need for relief of those persons who normally care for and/or supervise them and are non-medical in nature. Respite services can be provided in-home or in an approved out-of-home location.</p> <p><b>Please indicate which of the following services you currently provide (check all that apply):</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 1. Services provided by the hour on an episodic basis because of the absence of or need for relief for those persons normally providing the care to individuals.</li> <li><input type="checkbox"/> 2. Services provided by the day / overnight on a short-term basis because of the absence of or need for relief for those persons normally providing the care to individuals.</li> <li><input type="checkbox"/> 3. Services that attend to the participant's basic self-help needs and other activities of daily living, including interaction, socialization and continuation of usual daily routines that would ordinarily be performed by those persons who normally care for and/or supervise them.</li> </ul>	<ol style="list-style-type: none"> <li>1. Briefly describe how your organization provides these services. What is your current and anticipated future capacity for CS services or programs you offer? Indicate whether you would be able to serve all assigned members, including those not currently connected to your organization.</li> <li>2. Describe any services or activities that you currently subcontract or refer to another provider. Provide specifics on how you work with any subcontractors to supplement in-house services.</li> <li>3. If there are any required activities for this CS service that you do not currently provide, how would you plan to increase capacity to provide them?</li> <li>4. Would you need assistance from GCHP, and if so, with which specific service(s) / activities?</li> </ol> <p><b>Applicant Response:</b></p>

Section	Requirements	Questions for Prospective Providers
<b>7B</b>	<b>Provider Capabilities and Best Practices</b>	<ol style="list-style-type: none"> <li>1. Please describe your provider capabilities and any best practices.</li> <li>2. How long has your organization been providing this service?</li> </ol> <b>Applicant Response:</b>
<b>7C</b>	<b>Eligibility Criteria</b>	<ol style="list-style-type: none"> <li>1. What types of individuals do you currently provide services to?</li> <li>2. Do you have any specific focus areas or restrictions on eligibility criteria for this service at your organization?</li> </ol> <b>Applicant Response:</b>
<b>7D</b>	<b>Provider Staffing and Capacity</b>	<ol style="list-style-type: none"> <li>1. Describe current staffing structure to deliver this CS service.</li> <li>2. Describe what type of support or capacity-building assistance may be needed from GCHP to launch or expand this service.</li> </ol> <b>Applicant Response:</b>

## Personal Care and Homemaker Services

Section	Requirements	Questions for Prospective Providers
<b>8A</b>	<p><b>CS Description</b></p> <p>Personal Care and Homemaker Services are provided for individuals who need assistance with Activities of Daily Living (ADL) such as bathing, dressing, toileting, ambulation or feeding. Personal Care services can also include assistance with Instrumental Activities of Daily Living (IADL) such as meal preparation, grocery shopping and money management. This CS service should only be utilized if appropriate and if additional hours / supports are not authorized by the Department of Social Services' In Home Supportive Services (IHSS) program.</p> <p><b>Please indicate which of the following services you currently provide (check all that apply):</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 1. Assistance with ADL such as bathing, dressing, toileting, ambulation or feeding.</li> <li><input type="checkbox"/> 2. Assistance with IADL such as meal preparation, grocery shopping and money management.</li> <li><input type="checkbox"/> 3. Housecleaning and laundry.</li> <li><input type="checkbox"/> 4. Accompaniment to medical appointments.</li> <li><input type="checkbox"/> 5. Protective supervision for the mentally impaired.</li> </ul>	<ol style="list-style-type: none"> <li>1. Briefly describe how your organization provides these services. What is your current and anticipated future capacity for CS services or programs you offer? Indicate whether you would be able to serve all assigned members, including those not currently connected to your organization.</li> <li>2. Describe any activities that you currently subcontract or refer to another provider. Please provide specifics on how you work with any subcontractors to supplement in-house services.</li> <li>3. If there are any required activities for this CS service that you do not currently provide, how would you plan to increase capacity to provide them?</li> <li>4. Would you need assistance from GCHP, and if so, with which specific service(s) / activities?</li> </ol> <p><b>Applicant Response:</b></p>

Section	Requirements	Questions for Prospective Providers
8B	<b>Provider Capabilities and Best Practices</b>	<ol style="list-style-type: none"> <li>1. How long has your organization been providing this service?</li> <li>2. Describe your organization's ability / experience with providing services to: <ul style="list-style-type: none"> <li>• Individuals requiring supervision and/or assistance with ADLs/IADLs.</li> <li>• Individuals who have applied for or are eligible for In Home Supportive Services (IHSS).</li> <li>• Individual has a home where services will be delivered; or resides in a stable interim location where they can receive these services.</li> <li>• Individuals experiencing homelessness, or who were recently homeless.</li> </ul> </li> <li>3. How does your organization address potential gaps in service coverage due to staff absence?</li> </ol> <p><b>Applicant Response:</b></p>
8C	<b>Eligibility Criteria</b>	<ol style="list-style-type: none"> <li>1. What types of individuals do you currently provide services to?</li> <li>2. Do you have any specific focus areas or restrictions on eligibility criteria for this service at your organization?</li> </ol> <p><b>Applicant Response:</b></p>

Section	Requirements	Questions for Prospective Providers
<b>8D</b>	<b>Provider Staffing and Capacity</b>	<ol style="list-style-type: none"><li>1. Describe current staffing structure to deliver this CS.</li><li>2. Describe what type of support or capacity-building assistance may be needed from GCHP to launch or expand this service.</li></ol> <p><b>Applicant Response:</b></p>

## Environmental Accessibility Adaptations (Home Modifications)

Section	Requirements	Questions for Prospective Providers
<b>9A</b>	<p><b>CS Description</b></p> <p>Providers must make physical adaptations to a home that are necessary to ensure the health, welfare, and safety of the individual, or enable GCHP members to function with greater independence in the home, without which the member would require institutionalization.</p> <p>Providers must have the ability to provide all of the services listed below.</p> <p><b>Please indicate which of the examples of home modifications that you currently provide to clients.</b></p> <p><b>Check all that apply:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 1. Physical or occupational therapy evaluation and report to evaluate the medical necessity.</li> <li><input type="checkbox"/> 2. Obtain a minimum of two bids from appropriate providers for the requested service.</li> <li><input type="checkbox"/> 3. Provide home visits to determine the suitability of any requested equipment or service.</li> <li><input type="checkbox"/> 4. Ramps and grab-bars to assist beneficiaries in accessing the home.</li> <li><input type="checkbox"/> 5. Doorway widening for beneficiaries who require a wheelchair.</li> <li><input type="checkbox"/> 6. Stair lifts.</li> <li><input type="checkbox"/> 7. Making a bathroom and shower wheelchair accessible (e.g., constructing a roll-in shower).</li> <li><input type="checkbox"/> 8. Installation of specialized electric and plumbing systems that are necessary to accommodate the medical equipment and supplies of the beneficiary.</li> <li><input type="checkbox"/> 9. Installation and testing of a Personal Emergency Response System (PERS) for persons who are alone for significant parts of the day without a caregiver and who otherwise require routine supervision (including monthly service costs, as needed).</li> <li><input type="checkbox"/> 10. Other:</li> </ul>	<ol style="list-style-type: none"> <li>1. Briefly describe how your organization provides these services. What is your current and anticipated future capacity for CS services or programs you offer? Indicate whether you would be able to serve all assigned members, including those not currently connected to your organization.</li> <li>2. Describe any activities that you currently subcontract or refer to another provider. Provide specifics on how you work with any subcontractors to supplement in-house services.</li> <li>3. If there are any required activities for this CS service that you do not currently provide, how would you plan to increase capacity to provide them?</li> <li>4. Would you need assistance from GCHP, and if so, with which specific service(s) / activities?</li> </ol> <p><b>Applicant Response:</b></p>



Section	Requirements	Questions for Prospective Providers
<b>9B</b>	<b>Provider Capabilities and Best Practices</b>	<ol style="list-style-type: none"> <li>1. How long has your organization been providing this service?</li> <li>2. Describe any certifications that support provision of this CS service, such as Certified Aging-in-Place Specialist (CAPS).</li> <li>3. Describe any formal/informal relationships with state licensed contractors who can install these types of home modifications (DHCS requirement).</li> </ol> <p><b>Applicant Response:</b></p>
<b>9C</b>	<b>Eligibility Criteria</b>	<ol style="list-style-type: none"> <li>1. What types of individuals do you currently provide services to?</li> <li>2. Do you have any specific focus areas or restrictions on eligibility criteria for this service at your organization?</li> </ol> <p><b>Applicant Response:</b></p>
<b>9D</b>	<b>Provider Staffing and Capacity</b>	<ol style="list-style-type: none"> <li>1. Describe current staffing structure to deliver this CS service.</li> <li>2. Describe what type of support or capacity-building assistance may be needed from GCHP to launch or expand this service.</li> </ol> <p><b>Applicant Response:</b></p>

## Meals / Medically Tailored Meals / Medically Supportive Foods

Section	Requirements	Questions for Prospective Providers
<b>10A</b>	<p><b>CS Description</b></p> <p>CS providers must provide Meals / Medically Tailored Meals (MTM) and/or Medically Supportive Foods for eligible GCHP members to meet their unique dietary needs.</p> <p><b>Please indicate which of the following services you currently provide (check all that apply):</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 1. Meals delivered to the home immediately following discharge from a hospital or nursing home when members are most vulnerable to readmission.</li> <li><input type="checkbox"/> 2. MTM: meals provided to the member at home that meet the unique dietary needs of those with chronic diseases.</li> <li><input type="checkbox"/> 3. MTM are tailored to the medical needs of the member by a Registered Dietitian (RD) or other certified nutrition professional, reflecting appropriate dietary therapies based on evidence-based nutritional practice guidelines to address medical diagnoses, symptoms, allergies, medication management, and side effects to ensure the best possible nutrition-related health outcomes.</li> <li><input type="checkbox"/> 4. Medically Supportive Food and nutrition services, including medically tailored groceries and healthy food vouchers.</li> </ul>	<ol style="list-style-type: none"> <li>1. Briefly describe how your organization provides these services to meet an individual's unique dietary needs including those with chronic conditions. What is your current and anticipated future capacity for CS services or programs you offer? Indicate whether you would be able to serve all assigned members, including those not currently connected to your organization.</li> <li>2. Briefly describe your experience in providing medically supportive food and nutrition services include medically tailored groceries, healthy food vouchers, and food pharmacies.</li> <li>3. Briefly describe your process for ensuring medically tailored meals are appropriate to the member's dietary needs. Do you utilize RD or other certified nutrition professional, to ensure meals reflect appropriate dietary therapies based on evidence-based nutritional practice guidelines to address medical diagnoses, symptoms, allergies, medication management, and/or side effects to ensure the best possible nutrition-related health outcomes.</li> <li>4. Describe your current service model and length of service. How will you work with GCHP to determine the member's dietary needs?</li> <li>5. Describe any activities that you currently subcontract or refer to another provider. Provide specifics on how you work with any subcontractors to supplement in-house services.</li> <li>6. If there are any required activities for this CS service that you do not currently provide? If so, how would you plan to increase capacity to provide them?</li> <li>7. Would you need assistance from GCHP, and if so, with which specific service(s) / activities?</li> </ol> <p><b>Applicant Response:</b></p>

Section	Requirements	Questions for Prospective Providers
10B	Provider Capabilities and Best Practices	<ol style="list-style-type: none"> <li>1. How long has your organization been providing this service?</li> <li>2. Describe the nutritional standards that your organization uses to inform your services. Provide examples of how you meet specific dietary guidelines for addressing specific chronic conditions, such as Congestive Heart Failure, Diabetes, Kidney Disease, etc.</li> <li>3. Describe how you develop MTM based on evidence-based nutritional practice guidelines under the supervision of a RD or other certified nutrition professional.</li> <li>4. Describe how you provide culturally and medically appropriate meals for a diverse population.</li> <li>5. Describe your experience serving clients post-hospital or nursing home discharge who would be most vulnerable to readmission without MTM support.</li> <li>6. If applicable, describe your experience providing medically tailored groceries and/or healthy food vouchers.</li> </ol> <p><b>Applicant Response:</b></p>

Section	Requirements	Questions for Prospective Providers
<b>10C</b>	<b>Eligibility Criteria</b>	<ol style="list-style-type: none"> <li>1. What types of individuals do you currently provide services to?</li> <li>2. Do you have any specific focus areas or restrictions on eligibility criteria for this service at your organization?</li> </ol> <p><b>Applicant Response:</b></p>
<b>10D</b>	<b>Provider Staffing and Capacity</b>	<ol style="list-style-type: none"> <li>1. Describe current staffing structure to deliver this CS.</li> <li>2. Describe what type of support or capacity-building assistance may be needed from GCHP to launch or expand this service.</li> <li>3. Indicate how many RDs or certified nutrition professionals are on staff and their role in your service delivery.</li> </ol> <p><b>Applicant Response:</b></p>

## Sobering Centers

Section	Requirements	Questions for Prospective Providers
11A	<p><b>CS Description</b></p> <p>Sobering centers are facilities for individuals who are found to be publicly intoxicated (due to alcohol and/or other drugs), who would otherwise be transported to hospital emergency departments or jail. The centers provide people, primarily those who are homeless or in unstable living situations, with a safe, supportive environment to become sober. Sobering centers provide a variety of services including medical triage, lab testing, temporary shelter, rehydration and food service, treatment for nausea, wound and dressing changes, shower and laundry facilities, substance use education, counseling and navigation to additional substance use or other necessary health care services, and homeless care support services.</p> <p>Providers are required to engage in the four items listed below.</p> <p><b>Please indicate which of the following services you currently provide (check all that apply):</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 1. When utilizing this service, direct coordination with the county behavioral health agency is required and warm hand-offs for additional behavioral health services are strongly encouraged.</li> <li><input type="checkbox"/> 2. The service also includes screening and linkage to ongoing supportive services such as follow-up mental health and substance use disorder treatment and housing options, as appropriate.</li> <li><input type="checkbox"/> 3. This service requires partnership with law enforcement, emergency personnel, and outreach teams to identify and divert individuals to sobering centers. Sobering centers must be prepared to identify clients with emergent physical health conditions and arrange transport to a hospital or appropriate source of medical care.</li> <li><input type="checkbox"/> 4. The services provided should utilize best practices for clients who are homeless and who have complex health and/or behavioral health conditions including Housing First, Harm Reduction, Progressive Engagement, Motivational Interviewing, and Trauma Informed Care.</li> </ul>	<ol style="list-style-type: none"> <li>1. Briefly describe how your organization provides these services. What is your current and anticipated future capacity for CS services or programs you offer? Indicate whether you would be able to serve all assigned members, including those not currently connected to your organization.</li> <li>2. Describe your organization's relationships with the jail system.</li> <li>3. Describe any activities that you currently subcontract or refer to another provider. Provide specifics on how you work with any subcontractors to supplement in-house services.</li> <li>4. If there are any required activities for this CS service that you do not currently provide, how would you plan to increase capacity to provide them?</li> <li>5. Would you need assistance from GCHP, and if so, with which specific service(s) / activities?</li> </ol> <p><b>Applicant Response:</b></p>

Section	Requirements	Questions for Prospective Providers
<b>11B</b>	<b>Provider Capabilities and Best Practices</b>	<ol style="list-style-type: none"> <li>1. How long has your organization been providing this service?</li> <li>2. Describe how your organization employs these recommended best practices (according to the American College of Emergency Physicians): <ul style="list-style-type: none"> <li>• Sobering centers should have a housing first model.</li> <li>• Utilize Harm Reduction, Progressive Engagement, Motivational Interviewing, and/or Trauma Informed Care effectively.</li> </ul> </li> <li>3. Describe your organization's policy on serving people using substances other than alcohol, or any plans to do so in the future.</li> </ol> <p><b>Applicant Response:</b></p>
<b>11C</b>	<b>Eligibility Criteria</b>	<ol style="list-style-type: none"> <li>1. What types of individuals do you currently provide services to?</li> <li>2. Do you have any specific focus areas or restrictions on eligibility criteria for this service at your organization?</li> </ol> <p><b>Applicant Response:</b></p>

Section	Requirements	Questions for Prospective Providers
<b>11D</b>	<b>Provider Staffing and Capacity</b>	<ol style="list-style-type: none"><li>1. Describe current staffing structure to deliver this CS service.</li><li>2. Describe what type of support or capacity-building assistance may be needed from GCHP to launch or expand this service.</li></ol> <p><b>Applicant Response:</b></p>

## Asthma Remediation

Section	Requirements	Questions for Prospective Providers
<b>12A</b>	<p><b>CS Description</b></p> <p>Providers must provide physical modifications to a home environment that are necessary to ensure the health, welfare, and safety of the individual, or enable the individual to function in the home and without which acute asthma episodes could result in the need for emergency services and hospitalization.</p> <p>Providers must have the ability to provide all the services listed below.</p> <p><b>Please indicate which of the examples of asthma remediation you currently provide to clients.</b></p> <p><b>Check all that apply:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 1. Allergen-impermeable mattress and pillow dustcovers.</li> <li><input type="checkbox"/> 2. High-efficiency particulate air (HEPA) filtered vacuums.</li> <li><input type="checkbox"/> 3. Integrated Pest Management (IPM) services.</li> <li><input type="checkbox"/> 4. De-humidifiers.</li> <li><input type="checkbox"/> 5. Air filters.</li> <li><input type="checkbox"/> 6. Other moisture-controlling interventions.</li> <li><input type="checkbox"/> 7. Minor mold removal and remediation services.</li> <li><input type="checkbox"/> 8. Ventilation improvements.</li> <li><input type="checkbox"/> 9. Asthma-friendly cleaning products and supplies.</li> <li><input type="checkbox"/> 10. Other interventions identified to be medically appropriate and cost effective.</li> </ul>	<ol style="list-style-type: none"> <li>1. Briefly describe how your organization provides these services. What is your current and anticipated future capacity for CS services or programs you offer? Indicate whether you would be able to serve all assigned members, including those not currently connected to your organization.</li> <li>2. Briefly describe how your organization will assess appropriateness of services in collaboration with referring provider.</li> <li>3. Describe how you conduct a home visit to determine the suitability of any requested remediation(s). Indicate timeframe for completing home visits once member referral is received and identify staff members responsible for completing home visits.</li> <li>4. Describe any activities that you currently subcontract or refer to another provider. Provide specifics on how you work with any subcontractors to supplement in-house services.</li> <li>5. If there are any required activities for this CS service that you do not currently provide, how would you plan to increase capacity to provide them?</li> <li>6. Would you need assistance from GCHP, and if so, with which specific service(s) / activities?</li> </ol> <p><b>Applicant Response:</b></p>



Section	Requirements	Questions for Prospective Providers
<b>12B</b>	<b>Provider Capabilities and Best Practices</b>	<ol style="list-style-type: none"> <li>1. How long has your organization been providing this service?</li> <li>2. Describe how you assess member needs and develop asthma mitigation/care plan.</li> <li>3. Describe how you use the Asthma Control Test to assess member eligibility.</li> <li>4. Describe any processes for mitigating high ED utilization due to Asthma including communication and sharing of care plans with other providers, such as pharmacists, PCP, etc.</li> </ol> <p><b>Applicant Response:</b></p>
<b>12C</b>	<b>Eligibility Criteria</b>	<ol style="list-style-type: none"> <li>1. What types of individuals do you currently provide services to?</li> <li>2. Do you have any specific focus areas or restrictions on eligibility criteria for this service at your organization?</li> </ol> <p><b>Applicant Response:</b></p>

Section	Requirements	Questions for Prospective Providers
12D	Provider Staffing and Capacity	<ol style="list-style-type: none"> <li>1. Describe current staffing structure to deliver this CS service.</li> <li>2. Describe what type of support or capacity-building assistance may be needed from GCHP to launch or expand this service.</li> <li>3. Do you currently include Community Health Workers (CHWs) and/or Promotoras in your service delivery model? If so, please describe their role in your service delivery and indicate current languages available in your CHW program.</li> </ol> <p><b>Applicant Response:</b></p>

## Nursing Facility Transition / Diversion

Section	Requirements	Questions for Prospective Providers
<b>13A</b>	<p><b>CS Description</b></p> <p>Nursing Facility Transition / Diversion services assist individuals to live in the community and/or avoid institutionalization when possible. The goal is to both facilitate nursing facility transition back into a home-like, community setting and/or prevent skilled nursing admissions for members with an imminent need for nursing facility level of care (LOC). Individuals have a choice of residing in an assisted living setting as an alternative to long-term placement in a nursing facility when they meet eligibility requirements. The assisted living provider is responsible for meeting the needs of the member, including Activities of Daily Living (ADLs), Instrumental ADLs (IADLs), meals, transportation, and medication administration, as needed.</p> <p>Providers must have the ability to provide all the services listed below.</p> <p><b>Please indicate which of the examples of asthma remediation you currently provide to clients.</b></p> <p><b>Check all that apply:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 1. Activities of Daily Living (ADLs).</li> <li><input type="checkbox"/> 2. Instrumental ADLs (IADLs).</li> <li><input type="checkbox"/> 3. Meals.</li> <li><input type="checkbox"/> 4. Transportation.</li> <li><input type="checkbox"/> 5. Medication Administration.</li> <li><input type="checkbox"/> 6. Other services identified to be medically appropriate and cost effective.</li> </ul>	<ol style="list-style-type: none"> <li>1. Briefly describe how your organization provides these services. What is your current and anticipated future capacity for CS services or programs you offer? Indicate whether you would be able to serve all assigned members, including those not currently connected to your organization.</li> <li>2. Briefly describe how your organization will assess appropriateness of services in collaboration with referring provider.</li> <li>3. Describe any activities that you currently subcontract or refer to another provider. Provide specifics on how you work with any subcontractors to supplement in-house services.</li> <li>4. If there are any required activities for this CS service that you do not currently provide, how would you plan to increase capacity to provide them?</li> <li>5. Would you need assistance from GCHP, and if so, with which specific service(s) / activities?</li> </ol> <p><b>Applicant Response:</b></p>

Section	Requirements	Questions for Prospective Providers
<b>13B</b>	<b>Provider Capabilities and Best Practices</b>	<ol style="list-style-type: none"> <li>1. How long has your organization been providing this service?</li> <li>2. Describe how you assess member needs and identify appropriate nursing facility transition / diversion services for the member.</li> </ol> <p><b>Applicant Response:</b></p>
<b>13C</b>	<b>Eligibility Criteria</b>	<ol style="list-style-type: none"> <li>1. What types of individuals do you currently provide services to?</li> <li>2. Do you have any specific focus areas or restrictions on eligibility criteria for this service at your organization?</li> </ol> <p><b>Applicant Response:</b></p>

Section	Requirements	Questions for Prospective Providers
<b>13D</b>	<b>Provider Staffing and Capacity</b>	<ol style="list-style-type: none"><li>1. Describe current staffing structure to deliver this CS service.</li><li>2. Describe what type of support or capacity-building assistance may be needed from GCHP to launch or expand this service.</li></ol> <p><b>Applicant Response:</b></p>

## Community Transition Services / Nursing Facility Transition to Home

Section	Requirements	Questions for Prospective Providers
<b>14A</b>	<p><b>CS Description</b></p> <p>Community Transition Services / Nursing Facility Transition to a Home helps individuals to live in the community and avoid further institutionalization. Community Transition Services / Nursing Facility Transition to a Home are non-recurring set-up expenses for individuals who are transitioning from a licensed facility to a living arrangement in a private residence where the person is directly responsible for his or her own living expenses.</p> <p>Providers must have the ability to provide all the services listed below.</p> <p><b>Please indicate which of the following services you currently provide to clients.</b></p> <p><b>Check all that apply:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 1. Assessing the member's housing needs.</li> <li><input type="checkbox"/> 2. Assisting in searching for and securing housing.</li> <li><input type="checkbox"/> 3. Communicating with landlord and coordinating the move.</li> <li><input type="checkbox"/> 4. Establishing procedures and contacts to retain housing.</li> <li><input type="checkbox"/> 5. Identifying, coordinating, securing, or funding non-emergency, non-medical transportation.</li> <li><input type="checkbox"/> 6. Identifying the need for and coordinating funding for environmental modifications to install necessary accommodations for accessibility.</li> </ul>	<ol style="list-style-type: none"> <li>1. Briefly describe how your organization provides these services. What is your current and anticipated future capacity for CS services or programs you offer? Indicate whether you would be able to serve all assigned members, including those not currently connected to your organization.</li> <li>2. Briefly describe how your organization will assess appropriateness of services in collaboration with referring provider.</li> <li>3. Describe any activities that you currently subcontract or refer to another provider. Provide specifics on how you work with any subcontractors to supplement in-house services.</li> <li>4. If there are any required activities for this CS service that you do not currently provide, how would you plan to increase capacity to provide them?</li> <li>5. Would you need assistance from GCHP, and if so, with which specific service(s) / activities?</li> </ol> <p><b>Applicant Response:</b></p>

Section	Requirements	Questions for Prospective Providers
<b>14B</b>	<b>Provider Capabilities and Best Practices</b>	<ol style="list-style-type: none"> <li>1. How long has your organization been providing this service?</li> <li>2. Describe how you assess member needs and identify appropriate housing services for the member.</li> </ol> <p><b>Applicant Response:</b></p>
<b>14C</b>	<b>Eligibility Criteria</b>	<ol style="list-style-type: none"> <li>1. What types of individuals do you currently provide services to?</li> <li>2. Do you have any specific focus areas or restrictions on eligibility criteria for this service at your organization?</li> </ol> <p><b>Applicant Response:</b></p>

Section	Requirements	Questions for Prospective Providers
<b>14D</b>	<b>Provider Staffing and Capacity</b>	<ol style="list-style-type: none"><li>1. Describe current staffing structure to deliver this CS service.</li><li>2. Describe what type of support or capacity-building assistance may be needed from GCHP to launch or expand this service.</li></ol> <p><b>Applicant Response:</b></p>





**Gold Coast  
Health Plan**<sup>SM</sup>  
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**Community Supports (CS)**  
Provider Certification Application

711 East Daily Drive, Suite 106, Camarillo, CA 93010  
[www.goldcoasthealthplan.org](http://www.goldcoasthealthplan.org)